



SALES TAX RETURN

City of Gunnison

P.O. Box 239

Gunnison CO 81230

970-641-8070

DUE DATE: Return, with the remittance, must be filed with the City of Gunnison Finance Department **on or before the 15th** of the month following the sale. Make checks payable to CITY OF GUNNISON.

Taxpayer's Name and Address: _____

License #: _____

Period Covered: _____

Computation of Tax:

1. Gross Sales _____
2. Add: Bad Debts Collected _____
3. Total Lines 1 & 2 _____
4. Exempt Sales
a. Non-taxable service sales _____
b. Sales to other licensed dealers for purposes of taxable resale _____
c. Sales shipped out of City _____
d. Sales to government, religious, and charitable organizations _____
e. Sales of gasoline and cigarettes _____
f. Bad debts charged off (on which City tax has been paid) _____
g. Returned goods _____
h. Discounts/rentals on which tax has been paid _____
i. Trade-ins for taxable resales _____
j. Sales of drugs by prescription & prosthetic devices _____
Total Deductions Lines 4 a through j _____
5. Total City Net Taxable Sales & Service
(Line 3 total minus line 4 total) _____
6. Amount of City Sales Tax: **3%** of Line 5 _____
7. Add excess tax collected _____
8. Adjusted City Tax (Add lines 6 & 7) _____
9. Deduct 5% of Line 8 (Vendors fee if paid by due date) _____
10. Total Sales Tax (Line 8 minus line 9) _____
11. City Use Tax (From schedule B) amount subject to tax _____ X3% _____
12. Total Tax Due (Add lines 10 & 11) _____
13. Penalty (Multiply line 12 by 10% if paid after due date) _____
14. Interest (Multiply line 12 by 1% per month if paid after due date) .. _____
15. **Total amount due** (Add lines 12, 13, & 14) _____

I hereby certify under penalty of perjury, that the statements made herein are to the best of my knowledge, true and correct.

Signature

Title

Date

Schedule B City Use Tax

The Gunnison City Code imposes a tax upon the privilege of using, storing, distributing or otherwise consuming in the City tangible property or taxable services purchased, rented or leased.

Date of Purchase	Name of Vendor	Type of Commodity Purchased	Purchase Price
			\$
Total purchase price of property subject to city use tax. Enter total here and on front of return.			\$

1. If ownership has changed, give date of change and new owner's name.
2. If business has been discontinued, give date.
3. If business location has changed, give new address.
4. Records are kept at what address.
5. If business is temporarily closed, give dates to be closed.
6. If business is seasonal, give month of operation.